

INCREASING SPANISH MENTAL HEALTH CLINICAL TERMINOLOGY

DATE & TIME: June 3, 2015

8:30 AM – 4:30 PM

All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

PLACE: AFSCME Headquarters
514 Shatto Place, 3rd Floor Conference Room
Los Angeles, CA 90020

PARKING: 523 Shatto Place - Parking structure (floors 3-8) OR
metered parking lot Southwest corner 6th & Vermont

This training is intended to increase clinician and bilingual staff's Spanish vocabulary and use of terms related to mental health assessment, diagnosis and treatment and to increase cross-cultural knowledge and skills with Spanish-speaking populations. By taking this training, clinicians and staff will be able to decrease and avoid the use of incorrect or misleading terminology in clinical encounters that can lead to misunderstanding, error, misdiagnosis, inappropriate diagnosis, and unintended consequences.

Unintended consequences can interfere with establishing rapport, treatment adherence and acceptability, and grave errors that can lead to negative outcomes, e.g., treatment failure. The training is designed for participants of varying levels of Spanish-language proficiency. The degree or complexity of the tasks stated in the learning objectives will vary based on individual Spanish language proficiency. Written and conversational Spanish language knowledge is recommended for participation.

TARGET AUDIENCE: DMH Adult Providers and DMH Contracted Staff Only

OBJECTIVES: As a result of attending this training, participants should be able to:

1. Identify Spanish terminology relevant to working with families/consumers, institutions and various professions in the mental health fields.
2. Utilize Spanish terminology pertinent to American Care Act.
3. Formulate questions and answers specific to the initial assessment.
4. Formulate questions and answers utilizing terminology related to mental disorders and diagnosis.
5. List and use Spanish legal terminology related to consent for services, hospitalization and reporting laws.
6. Increase cross cultural communication for interventions, treatment plans, and referrals to other providers and/or services.

CONDUCTED BY: Lidia Gamulin, LCSW

COORDINATED BY: Lisa Song, LCSW, Training Coordinator
Email: lsong@dmh.lacounty.gov

DEADLINE: May 27, 2015 or when maximum capacity is reached

CONTINUING EDUCATION: NONE

COST NONE

DMH Employees register at:
<http://learningnet.lacounty.gov>

Contract Providers complete
attached training application

☒ Cultural Competency ☐ Pre-licensure ☐ Law and Ethics ☐ Clinical Supervision ☐ General



County of Los Angeles Department of Mental Health

NON-DMH STAFF TRAINING APPLICATION FORM



Please Print or Type

Instructions

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

This form is not to be used for LPS Designation Training. The LPS Application is available at lacdmh.lacounty.gov/training&workforce.html.

Training Title

(as in DMH bulletin): **Increasing Spanish Mental Health Clinical Terminology**

Date(s): **June 3, 2015**

Training Coordinator: **Lisa Song, LCSW**

County Employee Number

(non-county employees supply the last four digits of the SSN)

Name

Program, Service or
Agency

Job Title

Address

City

Zip Code

Telephone

Email

License or Credential Number(s) (complete as many as applicable)

CAADAC

LCSW

LPT

LVN

MD

MFT

Psychologist

RN

Supervisor's Approval (Applications will not be processed if not signed by supervisor)

For processing, please return Application to:

Print Supervisor Name

Supervisor's Signature

Fax: (213) 252-8776

Phone: (213) 251-6877

Email: lsong@dmh.lacounty.gov

(When faxing, there is no need to use a cover sheet)